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## BIB DATA SHEET

CONFIRMATION NO. 9499

<b>SERIAL NUMBER</b> 10/564,475	<b>FILING or 371(c) DATE</b> 07/25/2006 <b>RULE</b>	<b>CLASS</b> <div style="border: 1px solid black; padding: 2px;">29</div>	<b>GROUP ART UNIT</b> 3729	<b>ATTORNEY DOCKET NO.</b> 14836-14US AD		
<b>APPLICANTS</b> Oleg Grudin, Montreal, QC, CANADA; Leslie M. Landsberger, Westmount, QC, CANADA; Gennadiy Frolov, Montreal, QC, CANADA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CA04/01030 07/14/2004 which claims benefit of 60/486,418 07/14/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 10/06/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/THIEM D PHAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> QC	<b>SHEETS DRAWINGS</b> 20	<b>TOTAL CLAIMS</b> <div style="border: 1px solid black; padding: 2px;">25</div>	<b>INDEPENDENT CLAIMS</b> <div style="border: 1px solid black; padding: 2px;">1</div>
<b>ADDRESS</b> OGILVY RENAULT LLP 1981 MCGILL COLLEGE AVENUE SUITE 1600 MONTREAL, QC H3A2Y3 CANADA						
<b>TITLE</b> Method for adjusting an output parameter of a circuit						
<b>FILING FEE RECEIVED</b> 1240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue)         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit         </div>			